



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TXHEALTH DBA INJURY 1 DALLAS
9330 LBJ FREEWAY SUITE 1000
DALLAS TX 75243

Respondent Name

HARTFORD FIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 47

MFDR Tracking Number

M4-13-0132-01

MFDR Date Received

SEPTEMBER 17, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "it is our position that Sedgwick CMS has established an unfair and unreasonable time frame in paying for the services that were medically necessary and rendered to [Claimant]."

Amount in Dispute: \$6,980.51

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This is a medical fee dispute concerning service dates 4/25/2012 to 6/29/2012. Carrier asserts that it has not received bills for these service date prior to the Requestor submission of its Request for Medical Fee Dispute Resolution."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 25, 2012	CPT Code 90801-Psychiatric Diagnostic Interview	\$1,148.15	\$242.91
May 9, 2012 May 10, 2012 May 11, 2012 May 15, 2012 May 16, 2012 May 17, 2012 May 18, 2012 May 23, 2012 May 24, 2012 May 25, 2012	CPT Code 97545-WH-CA (2 hours) - Work Hardening Program	\$128.00/day	\$1,280.00
May 9, 2012 May 10, 2012 May 11, 2012 May 15, 2012 May 16, 2012 May 17, 2012 May 18, 2012	CPT Code 97546-WH-CA (6 hours) - Work Hardening Program	\$384.00/day	\$3,840.00

May 23, 2012 May 24, 2012 May 25, 2012			
May 16, 2012 May 23, 2012 May 30, 2012	CPT Code 99367 - Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	\$50.00/day	\$0.00
June 5, 2012 June 12, 2012 June 19, 2012 June 26, 2012	CPT Code 90806 – Individual Psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	\$140.59/day	\$523.95
TOTAL		\$6,980.51	\$5,886.86

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, 33 Texas Register 626, sets the reimbursement guidelines for the disputed service.
3. Neither party to the dispute submitted copies of explanation of benefits to support why the services in dispute were reduced/denied by the respondent.

Issues

1. Did the requestor support position that the disputed services were submitted to the respondent?
2. Is the requestor entitled to reimbursement for CPT codes 97545-WH-CA and 97546-WH-CA?
3. Is the requestor entitled to reimbursement for CPT codes 90801 and 90806?
4. Is the requestor entitled to reimbursement for CPT code 99367?

Findings

1. The respondent states in the position summary that "Carrier asserts that it has not received bills for these service date prior to the Requestor submission of its Request for Medical Fee Dispute Resolution." The respondent indicated on the response letter that a courtesy copy was sent to Rhea Rettke at Sedgwick CMS.

In support of their position, the requestor submitted a copy of an email written to Rhea Rettke at Sedgwick CMS on August 23, 2012 stating "I have several bills that have been faxed and we have yet to receive payment and/or EOB. I called bill review 877/731-4690 and they stated they have no bills on file with our tax ID # they asked me to contact 866/495-7844 and they state they don't handle the claims for this employer. I have gone back and forth with the 2 bill review companies and get nowhere. Segwick National stated you have forward the bills to COMP IQ. Can you help me get these bills processed ASAP?" The requestor also submitted fax confirmation reports that support the position that the medical bills were submitted to Sedgwick CMS prior to seeking medical fee dispute resolution. Based upon this information, the Division finds that the requestor supported its position that the disputed bills were submitted to the respondent prior to seeking medical fee dispute resolution. As a result, reimbursement is recommended in accordance with Division rules and guidelines.

2. 28 Texas Administrative Code §134.204(h)(1)(A) states " If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR."

28 Texas Administrative Code §134.204(h)(3) states "3) For Division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.

(A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier 'WH.' Each additional hour shall be billed using CPT Code 97546 with modifier 'WH.' CARF accredited Programs shall add 'CA' as a second modifier.

(B) Reimbursement shall be \$64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes."

The Division finds the following:

CPT Code 97545-WHCA – 2 hours per day X 10 days = 20 hours

CPT Code 97546-WHCA - 6 hours per day X 10 days = 60 hours

Per 28 Texas Administrative Code §134.204(h)(1)(A) and (3)(A) and (B), the MAR for a CARF accredited program is \$64.00 per hour x 80 hours = \$5,120.00. The carrier paid \$0.00. Therefore, the difference between the MAR and amount paid is \$5,120.00. This amount is recommended for reimbursement.

3. Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
- (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.
- (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2012 DWC conversion factor for this service is 54.86.

The Medicare Conversion Factor is 34.0376

Review of Box 32 on the CMS-1500 the services were rendered in zip code 76140, which is located in Fort Worth, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for Fort Worth, Texas.

Using the above formula, the Division finds the following:

Code	Calculation for Locality Fort Worth, TX	Maximum Allowable Reimbursement/ Amount Sought by Requestor if Less	Respondent Paid	Due
90801	(54.86/34.0376) x \$150.71 for 1 Unit	\$242.91	\$0.00	\$242.91
95806	(54.86/34.0376) x \$70.26 for 4 Units	\$523.95	\$0.00	\$523.95
TOTAL		\$766.86	\$0.00	\$766.86

4. CPT code 99367 is defined as "Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician." A review of the case management section of 28 Texas Administrative Code §134.204(e)(4) does not list this code. This code is classified as a status B-Bundled code by Medicare; therefore, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$5,886.86.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$5,886.86 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	11/01/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.